

**HEARTWORM CASE REPORT FORM****CANINE****FELINE**

DATE: \_\_\_\_\_ RECORDED BY: \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_

PETS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: MALE FEMALE

NATIVE TO UTAH: YES NO BEEN OUT OF STATE: YES NO

IF YES, WHERE? \_\_\_\_\_

TEST RESULTS: ANTIGEN POSITIVE NEGATIVE

MICROFILARIA POSITIVE NEGATIVE

DATE OF ONSET OF SYMPTOMS \_\_\_\_\_

TREATED: YES NO

EUTHANIZED: YES NO